DeSoto County

Stormwater / Land Disturbance / Site Development Permit (Type or Print Clearly)

Application Fee:		Receipt #:		
Date Paid:		Permit #:		
Approved By:		Approval Date	» :	
pr		use only (above)		
Location of Land Distu	irbance:			
Property Addres	ss: Permanent			
Parcel Number (PPN):	4-2		
Township:	Range:	Section:		
Size of Parcel(s):	acres D	Disturbed Area:		acres.
Duration of Project: Sta	art Date:	Finish Date:		
Proposed Development:	Residential _	Commercial		
Applicant: Name:				
27)				
Name of Property Own	aer on Record, If o	other than applica	<u>nt:</u>	
Name:				
Address:		City	State/Zip	
Phone:	• •••••	Fax:		
Emergency Contact #:				
Name of individual "O	n Site" responsibl	e for earth chang	e <u>:</u>	
Name:		***************************************		
Company:				
Address:		City	State/Zip	
Phone:		Fax:		
Cell:				

Name of "On Site" Stormwater Operator that will be conducting inspections:

Note: Inspections are to be conducted once a week and once within 24 hours of each rain event and submitted to the DeSoto County Planning Department.

Name:		
Company:		
		State/Zip
Phone:	Fax:	
.Cell:		
f land disturbance is 5 Ac or gre Quality (MDEQ) must review an SWPPP) and issue a permit. Pro	d approve the Stormwater Pol	rtment of Environmental lution Prevention Plan
MDEQ SWPPP PERMIT#		
attached. Company Name: Professional Engineer Responsib		
Professional Engineer Responsib	le for Work:	
Address:	City	State/Zip
Phone:	Fax:	
Cell:		
Company Name:		
I understand as the permit necessary inspections are prequirements are met on the Stormwater Pollution Preve County erosion and sediments are ponsible for contractor Ordinance.	performed and that all entire project. I have made ention Plan (SWPPP) for ent control requirements. or violations of the D	rosion and sediment cont the contractor aware of this project and the DeSo I am aware I may be h DeSoto County Stormwa
Applicant Signature:		Date:
Print Name:		